

Veterans for Freedom-MI

Who We Are

We are a group of Michigan Veterans and Veteran supporters who are committed to improving the quality of each other's lives. The People of Michigan put forth a law that is allowing our veterans to improve their lives and to finally find peace, We are proof that it is working. Our focus is not only the health problems of combat Veterans, but the health issues of all veterans

Our Goal

Our goal is to provide education to Veterans. We are working with the Multidisciplinary Association For Psychedelic Studies on various treatments to reduce the physical and mental pain. Everyone has unique and different issues and need different solutions to address them, including oral and topical applications.

There are many veterans returning home that are home bound now and need help adjusting to this new life style. The isolation this causes is harmful. Communication with others and forming friendships is fundamental to overcome our fears. We hope to get small groups together monthly around the state to get a mentor program started. To have families get together and form friendships, share Peace and feel better about ourselves.

We also want to provide support for the family, Sundays are Spouse days spouses are the glue holding us together we must thank them for supporting us. Our greatest gift is family and we must return the love provided from our family.

We as Veterans have a unique bond having served in the Military; it is our duty to help each other even after serving. By helping each other we help ourselves become better citizens.

This can only be done through frank discussions about what is currently working for our Veterans and what is not. The current solutions of using extreme amounts of Opioid based drugs are causing more harm than good. We are committed to getting ourselves off these dangerous drugs and returning to a normal family life.

Through a network of support we have a better approach. This approach is working, it needs to be allowed to continue and expand without interference from opponents in any unit of government.

The very people who have served this country and defended its Constitution are having their freedom impeded by the state that we reside in. We only ask for a peaceful return to society so we may enjoy normal life with our families. What harm is there in this approach?

This group is dedicated to providing the education needed for Veterans to decide what works for them. All treatment options have to be included. Medical Marijuana is an effective treatment in pain reduction allowing us to see our families love, Not the clouds of drugs

In recent years, the number of veterans seeking disability compensation for post-traumatic stress disorder (PTSD) has spiked by almost 80 percent.

America's veterans are killing themselves at the rate of over five hundred suicides a month.

Approximately 20% of veterans returning from Iraq/Afghanistan are being diagnosed with PTSD.

Medical research has shown medical marijuana has been very successful in treating PTSD and its symptoms.

Medical science proves that the human body makes its own cannabis like substances called cannabinoids which are known to ease pain and anxiety. The cannabinoids in marijuana work with this natural body system to ease the symptoms of PTSD, which give disabled Veterans a big improvement in their quality of life.

How the bills will affect Veterans

HB4834 Photo requirements- Proposed changes

8 (7) TWO IDENTICAL, 2 INCH BY 2 INCH, COLOR PHOTOGRAPHS THAT

9 SHOW THE APPLICANT'S CURRENT APPEARANCE, HAVE BEEN TAKEN WITHIN THE

10 IMMEDIATELY PRECEDING 6 MONTHS, AND MEET ALL OF THE FOLLOWING

11 SPECIFICATIONS:

12 (A) THE PICTURE IS A FULL FACE, FRONT VIEW AGAINST A PLAIN,

13 WHITE OR OFF-WHITE BACKGROUND.

14 (B) THE APPLICANT'S HEAD MEASURES BETWEEN 1 INCH AND 1-3/8

15 INCHES FROM THE BOTTOM OF THE CHIN TO THE TOP OF THE HEAD.

16 (C) THE APPLICANT'S HAIR OR HAIRLINE IS NOT OBSCURED BY A HAT

17 OR HEADGEAR.

18 (D) THE APPLICANT IS NOT WEARING DARK OR NONPRESCRIPTION

19 GLASSES, UNLESS MEDICALLY NECESSARY.

The picture requirement cannot possibly be used if the photo needs to be less than 6 months old it will be expired before the card is issued allowing the arrest of all card holders! Are the pictures to be measured? What if its decided the picture is only 15/16 of an inch or its determined that its 1 1/2 inches to the top of the head? Will law enforcement judge this?

From section 3

(2) The department shall maintain a confidential list of the

4 persons to whom the department has issued registry identification

5 cards. Individual EXCEPT AS PROVIDED IN SUBDIVISIONS (3) AND (4),

6 INDIVIDUAL names and other identifying information on the list is

7 confidential and is exempt from disclosure under the freedom of

8 information act, 1976 PA 442, MCL 15.231 to 15.246.

Original language removed

9 (3) The department shall verify to law enforcement personnel

10 whether a registry identification card is valid, without disclosing

11 more information than is reasonably necessary to verify the

12 authenticity of the registry identification card.

The proposed changes

13 (3) THE DEPARTMENT SHALL NOT ALLOW ANY PERSON ACCESS TO ANY

14 INFORMATION ABOUT PATIENTS IN THE DEPARTMENT'S CONFIDENTIAL LIST OF

15 PERSONS TO WHOM THE DEPARTMENT HAS ISSUED REGISTRY IDENTIFICATION

16 CARDS OR FROM WHOM THE DEPARTMENT HAS RECEIVED AN APPLICATION OR TO

17 INFORMATION OTHERWISE MAINTAINED BY THE DEPARTMENT CONCERNING

18 PHYSICIANS WHO PROVIDE WRITTEN CERTIFICATION AND PRIMARY

19 CAREGIVERS, EXCEPT FOR THE FOLLOWING:

20 (A) AUTHORIZED EMPLOYEES OF THE DEPARTMENT IN THE COURSE OF

21 THEIR OFFICIAL DUTIES.

22 (B) STATE OR LOCAL LAW ENFORCEMENT OFFICERS OR OFFICIALS, BUT

23 ONLY AS TO INQUIRIES MADE IN THE COURSE OF THEIR OFFICIAL DUTIES

24 AND AS TO INFORMATION ASSOCIATED WITH AN INDIVIDUAL FOR WHOM THE

25 OFFICERS OR OFFICIAL PROVIDES EITHER A NAME AND DATE OF BIRTH OR A

26 REGISTRY IDENTIFICATION NUMBER.

Part B is a violation of privacy and HIPPA laws! Why are the police and all local officials allowed to review our medical records including my doctor's certificate? This change will remove all the privacy from the act. Local officials will be able to query our records, law enforcement will be allowed to put in a name and birthdate to get a number. Our driver's license will allow them to query and find you that are a patient or caregiver. Will our records be turned over freely to the federal officials?

This is not acceptable treatment for those who have served our country. The possible abuses indicated with this are horrific. People's personal information and medical records freely shared by all government officials and law enforcement?

The original law is sufficient, it is not the patients fault if LARA could not verify registrations to law enforcement. Again our freedom is taken away and we are at risk from government actions.

What would prevent any local official from abusing the system and acquiring private information they have no need for?

HB 4158 The Doctor Patient relationship-

This is the biggest problem facing Veterans. All you have to do is look at the Redden case. The law states the patient must see a licensed MD or DO. How is the patient going to know what constitutes a Bona fide visit? This change implies a patient needs to know more than the doctor and is responsible for keeping the doctor legal.

Using myself as a reference I applied for my MMJ card after seeing the neurosurgeon. The MMJ doctor I saw reviewed my MRI results and approved my use. I find it funny that after seeing a neurosurgeon. I saw a MD with the same qualifications as the MD who referred me to the neurosurgeon all using the same MRI results. If I had approached my primary doctor I would have been terminated from the clinic. There was no need for me to get a MMJ doctor I have been in the hospital 3 times, Urologist 10 times, Old doctor 5 times, New doctor 3 times, Podiatrist 5 times, 2 diabetic nurses, EKG, EMG, CT scanned 3 times, X-rayed 6 times. And still need a MMJ doctor for what? I have read the science and understand it better than most. My diabetic nurse and I have discussed the use of topical oil to reduce the inflammation in my feet due to the diabetes, I have discussed it with my podiatrist and new primary doctor. They are all supportive

of my use as I am on no drugs other than diabetes medication and cannabis. Couldn't there just be a check box for a qualifying disability?

VA patients have the same issues they have their disability proven from VA doctors why should they have to pay an additional doctor to review their records and diagnose the same disability.

3 (A) "BONA FIDE PHYSICIAN-PATIENT RELATIONSHIP" MEANS AN

4 ESTABLISHED TREATMENT OR COUNSELING RELATIONSHIP IN WHICH ALL OF

5 THE FOLLOWING ARE PRESENT:

6 (1) THE PHYSICIAN HAS COMPLETED A FULL ASSESSMENT OF THE

7 PATIENT'S MEDICAL HISTORY AND CURRENT MEDICAL AND PSYCHOLOGICAL

8 CONDITION, INCLUDING AN APPROPRIATE, IN PERSON, PHYSICAL

As section 3 is worded a full assessment is to include a complete medical history and psychological condition is way out of scope for seeing a regular doctor. If a person goes to a clinic they are not required to present all of their medical records to be seen by a doctor and have a psychological evaluation done before services provided.

How are we to determine what our psychological condition is? We have the responsibility to ensure the doctor is given all the information on our mental state. Does it mean we have to have a psychiatrist report to present to the doctor? Who will be the determining person to decide if it's a Bona fide relationship? A judge? Again I have to ask how does the patient know if the doctor is doing his job? Ask Mr. Redden how he was to know, We pay a doctor to do the examination and approve the certification. If I take my car in for new brakes and the mechanic forgets to put the pads on is he allowed to say oops it's your fault your car won't stop and hit someone?

I would like to present the letter that the Michigan Board of Medicine released that helps to clarify what they feel is a Bona Fide Patient relationship.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the Board by ascertaining minimal entry level competency of medical doctors, and requiring continuing medical education during licensure. **The Board also has the obligation to take disciplinary action against licensees who have violated the Michigan Public Health Code.**

Why are we putting it on the patient?

2 (2) THE PHYSICIAN HAS TREATED OR CONSULTED WITH THE PATIENT
3 WITH RESPECT TO THE PATIENT'S DEBILITATING MEDICAL CONDITION FOR A
4 REASON OTHER THAN THE PATIENT'S APPLICATION OR INTENDED APPLICATION
5 FOR A REGISTRY IDENTIFICATION CARD AND HAS MAINTAINED RECORDS OF
6 THE PATIENT'S CONDITION IN ACCORD WITH MEDICALLY ACCEPTED
7 STANDARDS.

8 (3) THE PHYSICIAN HAS A REASONABLE EXPECTATION THAT HE OR SHE
9 WILL PROVIDE FOLLOW-UP CARE, EXAMINATION, AND TREATMENT TO THE
10 PATIENT TO MONITOR THE EFFICACY OF THE USE OF MEDICAL MARIHUANA AS
11 A TREATMENT OF THE PATIENT'S DEBILITATING MEDICAL CONDITION.

12 (4) IF APPROPRIATE, THE PHYSICIAN HAS NOTIFIED THE PATIENT'S
13 PRIMARY CARE PHYSICIAN OF THE PATIENT'S DEBILITATING MEDICAL
14 CONDITION AND CERTIFICATION FOR THE USE OF MEDICAL MARIHUANA TO
15 TREAT THAT CONDITION.

Why would we go to a separate doctor for a reason other than MMJ License? By using the word maintained are you assuming that the patient needs to see the doctor and have all his records compiled have a physical then go back and pay again for a diagnosis?

As far as part 3 will the doctor be allowed to uncertify a patient if the patient cannot afford the return visits? How many doctors do we have to see? And how many times do we have to see them? This sounds like some doctors dream, come see me or you'll be arrested. I have never had a call to come see if the norcos and Neurontin were working as a treatment. My doctor never asked to see me after sending me to a specialist.

Part 4 is really troublesome for Veterans as a doctor can notify your primary doctor without your consen! From my experience the patient has to allow any transfer or notification of your primary doctor. Every doctor and hospital has asked my permission to have my records forwarded. How is this any different?

Part 2 s 6 (D) (c) "Enclosed, locked facility" means a closet, room, or

7 other COMPARABLE, COMPLETELY enclosed area equipped with SECURED

8 locks or other FUNCTIONING security devices that permit access only

9 by a registered primary caregiver or registered qualifying patient. Struck out portion.

10 1 OF THE FOLLOWING:

11 (1) IF A REGISTERED QUALIFYING PATIENT WHO HAS NOT DESIGNATED

12 A PRIMARY CAREGIVER MAINTAINS THE FACILITY, BY THAT REGISTERED

13 QUALIFYING PATIENT.

14 (2) IF A PRIMARY CAREGIVER MAINTAINS THE FACILITY, BY THAT

15 PRIMARY CAREGIVER.

Again this is an unnecessary tightening of the law. There are cases in the Supreme Court that have to be settled. We have waited years to see what is legal and suffered through the opinions that made no sense to us to start with. Why the hurry to change them?

HB4856- Transportation

How are live plants to be transferred to new patients?

Also how will truck and van owners be able to comply?

Why not the same rules as alcohol?

Thanks for letting me speak for the Veterans that are unable to speak for themselves.

I hope for the sake of all Veterans you will apply the law fairly and in its present form.

Please clarify the law as it was written not interpreted.

Thank you again for the privilege of speaking.

**Statement of the Board of Medicine and Board of Osteopathic Medicine
and Surgery Regarding Certification for Medical Use of Marihuana
by Michigan Physicians**

The Bureau of Health Professions (BHP) located in the Department of Licensing and Regulatory Affairs is charged with protecting the health, safety and welfare of the people of Michigan. The BHP administers boards for each licensed health profession in Michigan. The boards are charged by statute with establishing standards for education and training, issuing licenses and identifying the standard of care that is expected of those regulated by the law.

In November 2008 the majority of the voters in Michigan approved the Michigan Medical Marihuana Act (MMA) by ballot initiative to protect persons with specific medical conditions from penalties under state law so that they may use marihuana for medical purposes without fear of prosecution. Marihuana remains a Schedule I controlled substance under federal law. The Department and the Boards of Medicine and Osteopathic Medicine and Surgery in Michigan have taken no position on the suitability of marihuana in the treatment of medical disorders.

The MMA is intended to apply to patients with complex, chronic, serious and debilitating medical conditions. It is expected that such patients would require careful and complete evaluation and regular follow-up. The Boards believe that they have an obligation to ensure that members of the public receive proper medical evaluation and advice meeting generally accepted standards of care when seeking certification for use of marihuana for medical purposes.

Both the Department and the Boards are troubled by reports and advertisements of physicians scheduling patient evaluations in clinically inappropriate or inadequate settings and/or within timeframes that do not enable a full and adequate medical assessment to be done. In some instances physicians have conducted certifying evaluations solely through Internet interactions, which are clearly inadequate and inappropriate for the examination of patients for certification for marihuana use. The Boards are concerned that in such instances the public may not be receiving an adequate level of evaluation and treatment as specified by the Public Health Code.

The MMA states:

A physician shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by the Michigan board of medicine, the Michigan board of osteopathic medicine and surgery, or any other business or occupational or professional licensing board or bureau, solely for providing written certifications, in the course of a bona fide physician-patient relationship and after the physician has completed a full assessment of the qualifying patient's medical history, or for otherwise

stating that, in the physician's professional opinion, a patient is likely to receive therapeutic or palliative benefit from the medical use of marihuana to treat or alleviate the patient's serious or debilitating medical condition or symptoms associated with the serious or debilitating medical condition, provided that nothing shall prevent a professional licensing board from sanctioning a physician for failing to properly evaluate a patient's medical condition or otherwise violating the standard of care for evaluating medical conditions. MCL 333.26424 (4)(f)

The standard of care that applies when certifying individuals as candidates for use of medical marihuana is the same as that expected in any other situation in which an individual is being evaluated for medical services. A special standard, higher or lower, is not called for in certifying patients for use of marihuana.

Experts in the field agree with this opinion. Among the advisory recommendations issued by the American Society of Addiction Medicine in September 2010 are the following statements:

Physicians... in the gatekeeping role have an obligation to help licensing authorities assure that physicians who choose to discuss the medical use of cannabis and cannabis-based products with patients:

Adhere to the established professional tenets of proper patient care including:

- History and good faith examination of the patient
- Development of a treatment plan with objectives
- Provision of informed consent, including discussion of risks, side effects and potential benefits
- Periodic review of the treatment's efficacy
- Consultation, as necessary; and
- Proper record keeping that supports the decision to recommend the use of cannabis

Have a bona fide physician-patient relationship with the patient, i.e., should have a pre-existing and ongoing relationship with the patient as a treating physician;

Ensure that the issuance of 'recommendations' is not a disproportionately large (or even exclusive) aspect of their practice;

Have adequate training in identifying substance abuse and addiction.

The Board of Medicine and the Board of Osteopathic Medicine and Surgery has adopted the following statement to clarify the standard of care applicable to the evaluation of an individual for the purpose of certification to use marihuana for any medical condition:

Generally accepted components of a full medical evaluation to determine suitability and appropriateness for recommending treatment of any kind, including certification for medical marihuana, include:

- a hands-on physician patient encounter
- full assessment and recording of patient's medical history
- relevant physical examination
- review of prior records of relevant examinations, treatments and treatment response including substance abuse history
- receipt and review of relevant diagnostic test results
- discussion of advantages, disadvantages, alternatives, potential adverse effects and expected response to treatment
- development of plan of care with state goals of therapy
- monitoring of the response to treatment and possible adverse effects
- creation and maintenance of patient records documenting the information above
- communication with patient's primary care physician when applicable

The Boards expect that these medical encounters would be completed at permanent locations that enable the patient to return for follow-up, consultation or assistance as needed.

A physician failing to meet generally accepted standards of practice when certifying a patient to use marihuana for a medical condition may be found to be practicing below the acceptable standard of care and therefore may be subject to disciplinary action.